

Employment Application for **PUBLIC HEALTH NURSE**

Department of Employee Relations City Hall, Room 706 200 East Wells Street Milwaukee WI 53202-3554

414-286-3751

TDD 414-286-2960 www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT- Please:

Exam

- 1. Use a typewriter or print answers in black ink.
- Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
- 3. Date and sign on page 2.
- 4. Print your Last Name in the left margin.
- 5. Keep a copy of completed application materials for your files.

\neg				Do you currently live in the City of Milwaukee?
	Last Name	First	Middle Initial	☐ Yes ☐ No If yes, when did you become a resident?
	Address		Apt. #	(month/year)
	City	State	•	NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.
	Day phone: Evening phone: Email Address:	()		List any other names by which you have been known on official records:
	Social Security Number	er		
NAME				f under 18, how old are you?
	U.S. Armed Services during the of your discharge document(s) (CLAIM VETERAN'S PREFERE	ng scores of qualified war ve following war periods, checl e.g. DD214) showing (1) dat NCE. FAILURE TO COMPL THIS APPLICATION WILL I	terans or spouses of certai the appropriate boxes and the of entry, (2) date of disch ETE THIS SECTION ACC	ble for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the digital enter service dates. You MUST include with this application, a PHOTOCOPY large and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO URATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further
	Military Status □ Enlisted, drafted or con □ Enlisted or commissionactive duty for train Date Entered Active Duty:	ned reserve or National C ing only	Guard service	od of Service Jugust 27, 1940-July 25, 1947 June 27, 1950-January 31, 1955 Jugust 5, 1964-January 1, 1977 Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to late to be determined)
	Date Terminated Active Du If you or your spouse has ar recognized and compensate Government or you are the veteran and you wish to rec documentary proof of the compensation.	ny disability traceable to d as such by the United S unremarried spouse of a	war service	Afghanistan War (September 11, 2001 to date to be determined) Called to active duty in 1961 by Executive Order No. 10957 Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal :
#06-034	application.			on:

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

EMPLOYMENT INFORMATION

Are you legally authorized to work for any employer within the United States? ☐ Yes ☐ No					
There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No					
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):					
If you are ☐ PRESENTLY or were ☐ PREVIOUSLY employ			ed by the City of Milwauk	ee, list the following:	
POSITION TITLE	DEPARTM	ENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)	
If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 12. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:					
CHARGE	DATE I	LOCATION	COURT	DISPOSITION OF CASE	
NOTE: Convictions as applied. Convictions no				lation to the job for which you	
EAD CAREFULLY BEFORE SIGNING					
certify that all answers to questions on this application are true and complete. I understand that falsification of the oplication may result in disqualification or removal from a City position. I understand that a City Charter Ordinance quires City employees to live in the City. I also understand that covered employees are compensated for overtime work accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing					

is re rk in authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE:	DATE:

EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from High School? Yes No If Yes, Name and Location of High School							
Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No							
Training beyond high school (college or university, nursing, business college, military or other training you have received). Under							
credits earned, indicate Q for quarter hours or S for semester hours. Name and Location Dates Attended Credits Of School From Mo./Yr. To Mo./Yr. Earned	Major and Minor Fields of Study	Type of Degree Date Completed					
Additional coursework, training programs, or professional seminars completed white taken for certification relevant to this position. Do not list courses required for above							
Title Sponsoring Organization/ Academic Institution	Credits	Dates Attended					
List any certifications achieved which may be relevant to this position. For exampl Certifications)	le, American Nursing Ass	sociation (ANA					
Name of Certification	Expiration I	Date					

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

	id work experience that may qualif	y you for a position
If more space is needed see following page.	ia work experience that may quali	y you for a position.
Current or Last Employer		
μ. ,	From:To:	
	From: To: month/year	month/year
Address		
	Salary/Wage: \$	per
Your Title	☐ Full time	
Tour Title	☐ Part time Hours per week:_	
	Fait tille Hours per week.	
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		
Employer		
	From: To:	
	From: To: Month/year	
Address	<u> </u>	month/year
		month/year
	Salary/Wage: \$	
	Salary/Wage: \$	
Your Title	☐ Full time	per
Your Title		per
	☐ Full time ☐ Part time Hours per week:_	per
Your Title Supervisor's Name, Title and Phone Number	☐ Full time	_ per
	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
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Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	_ per
Supervisor's Name, Title and Phone Number	☐ Full time ☐ Part time Hours per week:_	per

If more space is needed please make additional copies of this page or attach additional sheets.

Employer

EMPLOYMENT HISTORY

Employer	From: To: Month/year	month/voor
Address	wontn/year	monun/year
Address	Salary/Wage: \$	per
Your Title	☐ Full time ☐ Part time Hours per we	ek:
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		
Employer	From: To: Month/year	month/year
Address	Salary/Wage: \$	
Your Title	☐ Full time☐ Part time☐ Hours per we	ak.
		CK:
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Supervisor's Name, Title and Phone Number Describe your job responsibilities:	Reasons for leaving:	
	Reasons for leaving:	
	Reasons for leaving:	
	Reasons for leaving:	

EMPLOYMENT HISTORY - continued

nth/year
nth/year
nth/year

BACHELOR'S DEGREE IN NURSING (BSN)

	Maria alaga indicata. Callana ad Inivanita
	If yes, please indicate: College or University:
	Location:
	Date Degree Earned:
	If no, are you currently enrolled in a BSN program? Yes No
	If yes to #3, please indicate: Year in School (Fr., Soph., Jr., or Sr.):
	College or University:
	Location:
	Date Degree Expected:
! {	SING LICENSE
	Are you currently licensed as a Registered Nurse in the State of Wisconsin?YesNo
	If yes, what is your license Number?
	If no, please describe your current situation and when you expect to receive your license:
V	ER'S LICENSE
	Do you have a current valid State of Wisconsin driver's license:YesNo
	If yes, what is your Driver's License number?
	Do you have an automobile that you can use on the job?YesNo
	Is this automobile properly insured?YesNo
	Note: A valid Wisconsin driver's license and properly insured automobile are required for this position. If you answered "No" to any of the above questions, please explain below:

If more space is needed please make additional copies of this page or attach additional sheets.

EXPERIENCE

В.

A. List number months you have worked as a professional nurse in each of the following categories.

Category of Professional Nursing					<u>Months</u>	
1.	Public Health					
2.	Community (s	pecify agency o	or agencies)			
3.	Hospital (spec	cify type)				
	Obste					
	Pedia	trics			·	
	Psych	niatric				
	or					
4.	Nursing Facul	ty (specify cour	rses taught)			
5.	Other (specify	type)				
<u>LAN</u>	GUAGE SKILLS					
Can	you establish and	l maintain a cor	nversation with a c	lient who <u>only</u> spe	aks one of the following I	anguages?
	Spanish	Yes	No			
	Laotian	Yes	No			
	Hmong	Yes	No			
	Vietnamese	Yes	No			
	Russian	Yes	No			
	Other :			Yes	No	

If more space is needed, please make additional copies of this page or attach additional sheets.

Describe how your education and experience have prepared you to effectively perform the duties of a Public Health Nurse with the Milwaukee Health Department.
Thealth Nurse with the Milwaukee Health Department.
Please describe any clinical experience you have had in a public or community health agency. Include name of agency and length of experience.
Briefly describe any other training and experience you have had which would qualify you for the position—if you have not provided the information elsewhere on this form.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

	Yes	No	
If yes, what kind o	f accommodation	ons will you need? A signer A reader Extra time Other (Please describe)	
Comments:		Other (Flease describe)	
SIGNATURE:		DATE:	

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR **PUBLIC HEALTH NURSE**

APPLICANT'S NAME	DATE	
ATTENTION: SPOUSI	S OF DECEASED OR DISABLED WARTIME VETERANS	
eligible to have extra points added to past regular appointment or reinstatement right war periods listed at the bottom of this form this application a photocopy of your spous discharge, and (3) honorable service an qualifying spouse. THIS IS YOUR ONL COMPLETE THIS SECTION ACCURATE AND/OR A V.A. LETTER WITH THIS AP	disabled wartime veterans and spouses of certain deceased veterans may be sing scores on open competitive examinations if they do not already have to a City position. If your spouse was in the U.S. Armed Services during the check the appropriate boxes and enter service dates. You must include with be discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of letter from the Veteran's Administration documenting that you are Y OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO LICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S Coof of compensable disability must be submitted with this application in order	aneth of a O 4
Basis for Eligibility:		
	ed wartime veteran whose disability is at least 70% traceable to was	ar
I am the unremarried spouse	of a veteran who died of a service-connected disability.	
☐ I am the unremarried spouse	of a veteran who was killed in action.	
Spouse's Military Status:		
☐ Enlisted, drafted or commission	nedactive duty	

Spo

Date Entered Active Duty: _ Date Terminated Active Duty: _

	United States Government? YES NO			
use's	Period of Service			
	August 27, 1940 - July 25, 1947			
	June 27, 1950 - January 31, 1955			
	August 5, 1964 - January 1, 1977			
	Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)			
	Afghanistan War (September 11, 2001 to date to be determined)			
	Called to active duty in 1961 by Executive Order No. 10957			
	Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service			
	Medal or Southwest Asia Service Medal			
	Date:			

Enlisted or commissioned reserve or National Guard service--active duty for training only

Has your spouse any disability traceable to war service recognized and compensated as such by the

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLE.	ASE PRINT OR TYPE			
1.	Name: LAST	FIRST	MIDDLE	
2.	Position Applied for: Public Health Nurse			
	A. Milwaukee Journal Sentinel B. Other Newspaper (please spec C. City Hall Posting D. Library Posting E. Community Agency Posting (please or University Posting (please) F. College or University Posting (please) G. From a City Employee H. From Someone who is NOT a City In Indian I	5555) d in mail pecify)		
3.	Sex (please check one): MALE	FEMALE		
4.	Race (please check one): Black/African American (not of Hispanic origin) Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American White/Caucasian/European/North African/Middle Eastern Native American Indian/Alaskan Native Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)			
5.	List any languages, other than English, which you speak FLUENTLY:			
6.	If you have listed offenses (see page conviction verification only.	page 2), provide birthdate	Your birthdate will be used for	
7.	Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development. I live in the Housing Development.			
The	above-completed information is true to the	he best of my knowledge.		
SIGI	NATURE	D	ATE	